FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

Project Status Description

Item: SAC 448029 County/State: Rusk, TX

Total Award Amount: \$100,000.49

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

40 a 4 a 44 b 1	Fund §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448030	Accepted / Filed
<015>	Study Area Name	Texas 10, LLC	IIIN 4.7 2010
<020>	Program Year	2016	JUN 17 ZU10
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	Federal Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
	and the second s		
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file		(/N) <040>
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>
<080>	<u>Tribal Lands Reporting {y/n?}</u> (Does this study area cover	er tribal lands? Yes or No)	\circ

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

//////////////////////////////////////	Name of the state			
(050) Carr	ier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
	isuumin 1288 9188 889 tunimis in kunimi 1288 tunimin 1288 1288 1288 1288 1288 1288 1288 128			
<010>	Study Area Code		448030	
<015>	Study Area Name		Texas 10, LLC	
<020> <030>	Program Year	thin data	2016	
<035>	Contact Name - Person USAC should contact regarding Contact Telephone Number - Number of person identif		Chad Strausbaugh	
<039>	Contact Email Address - Email Address of person identifi		6105356474 ext. cstrausbaugh@cellonenation.com	
Penorting	Carrier / Mobility Fund Phase 1 Winning Bidder			, , , , , , , , , , , , , , , , , , , ,
<110>	FCC Registration Number	17225110		
	-	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		· · · · · · · · · · · · · · · · · · ·
<112>	Winning Bidder Carrier Name	Texas 10, LLC		-
<113>	Street Address (or PO Box)	1170 Devon Park Dri	ve, Suite 104	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number	6106885209		
<119>	Email Address	cstrausbaugh@cellon	menation.com	
<u>Contact In</u> <120>	iformation if same as above, indicate in this box Name (First, MI, Last, Suffix)			
<121>		Chad Strausbaugh		
	Filing Carrier Name	Texas 10, LLC		
<122>	Street Address (or PO Box)	1170 Devon Park Driv	ve. Suite 104	
<123>	City	Wayne		
<124>	State	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		_
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellone	enation.com	
<u>Authorize</u>	d Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)		·	
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address		e e e e e e e e e e e e e e e e e e e	
1100	e			

(060) Coverage and Performance Report	FCC Form 690
	Ap proved by OMB
	OM8 Control No. 3060-1185
	Page 3 of 8

<010>	Study Area Code	448030	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2015 - 07/2016		

448030_CPRd_TX.zip		

Coverage and Performace attachments

<141>

<a1></a1>	<a2></a2>	<a3></a3>	 < b1>	<b2></b2>	<63>	<cl></cl>	<c2></c2>	<c3></c3>	<d>></d>
State	County		Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
			(ee attach	ed works	heet			

•	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification Compliance		FCC Form 690
(070) Ordan Kate Comparability Cerdification Comparate		
4.5	Free .	Approved by OMB
The state of the s		
		OMB Control No. 3060-1185
78		Page 4 of 8
		rage 4 or o

<010>	Study Area Code	448030
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

I certify that I am an officer or employee of form and in any attachments is accurate.	the reporting carrier; my resp	onsibilities include ensuring compliance	with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier: Texa	s 10, LLC		
Signature of Authorized Officer:			Date
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	448030	Filing Due Date for this form:	07/01/2016

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an A	gent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the reporting	carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports and d	ata provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished under Title	by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment e 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier				
I, as agent for the reporting carrier, certify that I am author data provided by the reporting carrier; and, to the best of n	ized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on ny knowledge, the information reported herein is accurate.			
Name of Reporting Carrier:				
Name of Authorized Agent Firm:				
Signature of Authorized Agent or Employee of Agent:	Date:			
Name of Authorized Agent Employee:				
Title or position of Authorized Agent or Employee of Agent				
Telephone number of Authorized Agent or Employee of Age	ıt:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			

(nga) Trib-	Lands Reporting			FCC Form 690
				Approved by OMB
				OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Norse		448030	
<015> <020>	Study Area Name Program Year		Texas 10, LLC	
<030>	Contact Name - Person USAC should contact regarding	this data	2016 Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifi			
<039>	Contact Email Address - Email Address of person identifi			
<142>	State	-		
<143>	County			
	•			
<144>	Tribal Land(s) on which ETC Serves			
-1 AES	Tribal Covernment Engagement Obligation			
<145>	Tribal Government Engagement Obligation	Name of Attached Do	ocument / ndf)	
		Name of Attached Do	cument (.paj)	
	If your company serves Tribal lands, please select (Yes,	No, Not Applicable)	for	
	each of these boxes to confirm the status described on			
	PDF, on line 145, demonstrates coordination with the I	Fribal		
	government pursuant to § 54.1004 includes:			
		_		
			Select	
			(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a foo	cus on Tribal		
	community anchor institutions;	-		
<147>	Feasibility and sustainability planning;	L		
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes	Γ		
<150>	Compliance with Land Use permitting requirements			

<151>

<152> <153>

<154>

Compliance with Facilities Siting rules

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	448030
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	106940.00
<203>	Total Mobility Fund Support Disbursed	105164.80
<210>	Actual Completion Date	06/23/2015
<211>	Project Status Description (attached)	448030_PSD_TX.pdf
	Discourse the selection of the selection	{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
.242.	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	<u> </u>
<214>	Status of Network Deployment - Deployment	<u> </u>
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	<u> </u>
<217>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?) 3G

(101) Certification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010> Study Area Code	448030
<015> Study Area Name	Texas 10, LLC
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

<039> Contact Email Address - Email Address of person identified in data line <030> cstrausbaugh@cellonenation.com

<035> Contact Telephone Number - Number of person identified in data line <030> 6105356474 ext.

l certify that I am an officer of the reporting carrier; my responsibilities in best of my knowledge, the information reported on this form and in any	nclude ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the attachments is accurate.
Name of Reporting Carrier: Texas 10, LLC	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer: Chad Strausbaugh	
Title or position of Authorized Officer: Staff Counsel	
Telephone number of Authorized Officer: 6105356474 ext.	
Study Area Code of Reporting Carrier: 448030	Filing Due Date for this form: 07/01/2016

(102) Certification - Agent / Carrier	FCC Form 690	
(102) Ceruncadon - Agent / Carner	FCC FOILII 050	
	Approved by O	NA STATE OF THE ST
	· · · · · · · · · · · · · · · · · · ·	
	OMB Control N	0 2060 3186
	Gine Congo is	
	Page 8 of 8	

<010>	Study Area Code	448030
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Author	ize an Agent to File for Mobility Fund Recipients on B	sehalf of Reporting Carrier
I certify that (Name of Agent) also certify that I am an officer of the reporting carrier agent; and, to the best of my knowledge, the reports a	; my responsibilities include ensuring the accuracy of the da	mit the information reported on behalf of the reporting carrier. I ata reporting requirements provided to the authorized
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:		Date:
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form	can be punished by fine or forfeiture under the Communications Act under Title 18 of the United States Code, 18 U.S.C. § 1001.	of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

Certification of Agent Author	rized to File for Mobility Fund Recipients on Behalf of R	Reporting Carrier
	orized to submit the reports for Mobility Fund recipients on beh carrier; and, to the best of my knowledge, the information repo	
lame of Reporting Carrier:		-
Name of Authorized Agent Firm:		
ignature of Authorized Agent or Employee of Agent:		Date:
ame of Authorized Agent Employee:	·	
itle or position of Authorized Agent or Employee of Agent	t .	
elephone number of Authorized Agent or Employee of Ag	gent:	
	Filing Due Date for this form:	

Attachments

060) Coverage and Performance Report		FCC Form 690
10		Approved by OM8 OMB Control No. 3060-118
		ONIB CONTOLING, 3060-116

<010>	Study Area Code	448030
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016

<141>

cais	<a2></a2>	(43)	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	≪c2>	<c3></c3>	<₽
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
TX	Rusk	0000	0	0	0	0.0	0.0	0.0	Yes
			·						
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
									· ·
							ļ		
									ļ

Percentage of
Total Population
Reached by
Service

0			

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

Project Status Description

Item: SAC 448030

County/State: Rusk, TX

Total Award Amount: \$106,940.00

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	r Fund - §54.1009 Annual Reporting lection Form		Avg. Burd	FCC Form Approved by OMB OMB 3060-1185 en Estimate per Respondent: 18 Hours
<010>	Study Area Code	448031		Accepted / Elled
<015>	Study Area Name	Texas 10, LLC		Accepted / Filed
<020>	Program Year	2016		JUN 172016
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	Fed	eral Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		Since of the decidary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file		N) <040> O	•
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	r tribal lands? Yes or No)	0	•

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form		75.43. S.	FCC Form 690
(0.50) Carr				Approved by OM8
				OMB Control No. 3060-1185
			the state of the s	Page 2 of 8
<010>	Study Area Code		448031	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding t		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifi		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif	ied in data line <030>	cstrausbauch@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	1170 Devon Park Dri	ve, Suite 104	
<114>	City	Wayne		
<115>	State	PA		
<116> <117>	Zip-Code Telephone Number	19087		
<117>	Fax Number	6105356474 ext.		
<119>	Email Address	6106885209		
\113>	Littali Address	cstrausbaugh@cellon	enation.com	
Contact In	Iformation			
	if same as above, indicate in this box			
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh		M
<121>	Filing Carrier Name	Texas 10, LLC		
<122>	Street Address (or PO Box)	1170 Devon Park Dri	ve Suite 104	
<123>	City	Wayne		
<124>	State	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellon	enation.com	<u> </u>
<u>Authorize</u>	d Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			<u></u>
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number		-	
<138>	Email Address			
	-			

(060) Cov	erage and Performance Report	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448031
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2015 - 07/2016	
	448031_CPRd Coverage and Performace attachments	TX.zip

<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	* < d >
	State	County			Resident Population Newly Reached by Service	Total Resident Population Reached by	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
	State	County	Cerisus Block	Cerisus Block	by Service	Service	BIOCK	Reactieu	DIOCK	
				9	ee attach	ed worksl	neet			
									<u></u>	
									<u> </u>	
		Population	ge of Total Reached by vice	0		Percentage of Road Miles of by Servi	of Total overed	0		

|--|

<010>	Study Area Code	448031
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Fmail Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

c	ertification of Officer or	Employee as to Compliance with 47 CFR §54.1009(a)(4)
I certify that I am an officer or employee of form and in any attachments is accurate.	the reporting carrier; my res	ponsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier: Texas	s 10, LLC	
Signature of Authorized Officer:		Date
Printed name of Authorized Officer:	Chad Strausbaugh	
Title or position of Authorized Officer:	Staff Counsel	
Telephone number of Authorized Officer:	6105356474 ext.	
Study Area Code of Reporting Carrier:	448031	Filing Due Date for this form: 07/01/2016
Persons willfully making false statemen		by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment e 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Complia	ance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibi	
authorized agent; and, to the best of my knowledge, the reports and data provided to the au	thorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier: Filing Due	Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under under Title 18 of the United States (

	Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier					
		ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on knowledge, the information reported herein is accurate.				
Name	of Reporting Carrier:					
Name o	of Authorized Agent Firm:					
Signatu	re of Authorized Agent or Employee of Agent:	Date:				
Name o	of Authorized Agent Employee:					
Title or	position of Authorized Agent or Employee of Agen					
Teleph	one number of Authorized Agent or Employee of A					
Study A	Area Code of Reporting Carrier:	Filing Due Date for this form:				
		re punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

(080) Trib:	al Lands Reporting	14 (4) 14 (4)		FCC Form 690 Approved by OMB OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		448031	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding	this data	Chad Strausbaugh	
<035> <039>	Contact Telephone Number - Number of person identifi Contact Email Address - Email Address of person identif		^-	
(0332	Contact Email Address - Email Address of person identifi	ned in data line <03	cstrausbaugh@cellonenation.	COM
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
				The Control of the Co
<145>	Tribal Government Engagement Obligation	Name of Attached Do	cument (.pdf)	
	If your company serves Tribal lands, please select (Yes, it each of these boxes to confirm the status described on the PDF, on line 145, demonstrates coordination with the Trigovernment pursuant to § 54.1004 includes:	the attached	for	
<146>	Needs assessment and deployment planning with a foc		Select Yes, No, Not Applicable)	
	community anchor institutions;	-	~	
<147>	Feasibility and sustainability planning;	Ļ		
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules	Ţ		
<152>	Compliance with Environmental Review processes	<u> </u>		

<153> Compliance with Cultural Preservation review processes
<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	FCC Form 690 Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	448031
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	•••	
	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	280639.98
<203>	Total Mobility Fund Support Disbursed	261163.57
<210>	Actual Completion Date	
\210>	Actual Completion Date	08/12/2015
<211>	Project Status Description (attached)	448031_PSD_TX.pdf
	, , ,	
	Place should be sufficient to the sufficient of	{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
.242:	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	
<217>	Project Plan Status	
<218>	Network will Support 3G/4G Mobile Service ?	3G O 4G

(101) Cer	tification - Reporting Carrier	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 7 of 8
<010>	Study Area Code	448031
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the est of my knowledge, the information reported on this form and in any attachments is accurate.					
Name of Reporting Carrier: Texas 10, LLC					
Signature of Authorized Officer:	Date				
Printed name of Authorized Officer: Chad Strausbaugh					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer: 6105356474 ext.					
Study Area Code of Reporting Carrier: 448031	Filing Due Date for this form: 07/01/2016				

3060-1185

<010>	Study Area Code	448031
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the report				
	so certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized				
agent; and, to the best of my knowledge, the reports and do	rovided to the authorized agent is accurate.				
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer:	Date:				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				

Certification of Agent Author	orized to File for Mobility Fund Recipients on Behalf of Re	eporting Carrier
	norized to submit the reports for Mobility Fund recipients on beha g carrier; and, to the best of my knowledge, the information report	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Age	nt	
Talanhana musha of Authorita d'Accord a Eurita de Car	Agent:	
Telephone number of Authorized Agent or Employee of A		

Attachments

(060) Coverage and Performance I	Report			FCC Form 690
		# # # # # # # # # # # # # # # # # # #	100	
				Approved by OMB
400			7# C	OMB Control No. 3060-11

<010>	Study Area Code	448031
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016

(a)> (a)> (b)> (b)> (b)> (c)> (c)> (c)> (c)> (d> Certify that **Total Road** Coverage and Resident **Total Resident Road Miles** Miles Performacne per Census Population Population **Road Miles** Resident covered per data is uploaded Newly Reached by Service Block Newly per Census Population per Reached by Census Block (yes/no) County Sabine Reached Census Block Census Block Service Block тх 0 0 0.0 Yes 0.0 0.0

> Percentage of Total Population Reached by Service

<141>

		_	
١			
0			

Percentage of Total Road Miles covered by Service

)			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.